

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: William Calfas & Karin A. Calfas
 Serial No.: Filed herewith
 Filed: Filed herewith

For: TRANSPORTER FOR VERTICAL
 MOVEMENT AND LATERAL TRANSFER
 OF PERSONS HAVING IMPAIRED OR
 NO SELF-LOCOMOTION

Pacific Palisades, California

DECLARATION OF WILLIAM CALFAS

I am 72 years of age as of this date. I make this declaration in support of a petition to make the above-identified patent application special in the United States Patent and Trademark Office.

The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of this application or any resulting patents, declares that his statements herein are true.

Dated: 7-14-03


 William Calfas

EVO120 62121 US Date of Deposit *10/24/03*
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 I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-1450

Donald D. Hon

Reg. No. 18,255

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PTO/SS/01 (12-97)

Approved for use through 8/30/03. OMB 0661-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	5194
First Named Inventor	William Calfas
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TRANSPORTER FOR VERTICAL MOVEMENT AND LATERAL TRANSFER OF PERSONS
HAVING IMPAIRED OR NO SELF-LOCOMOTION**

the specification of which

(Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(f) or 366(a) of any foreign application(s) for patent or inventor's certificate, or 366(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
NONE			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SS/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SS/02B attached hereto.
NONE		

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Donald W. Hon

Reg. No. 18,255

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PTO/BB/01 (12-97)

DECLARATION — Utility or Design Patent Application

I hereby declare the benefit under 35 U.S.C. 109 of any United States application(s), or 356(a) of any PCT international application designating the United States of America, listed below and, together as the subject matter of each of the claims of this application is not claimed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112. I acknowledge the duty to disclose information which is essential to substantially be covered in 37 CFR 1.02 which becomes available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
NONE		

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority date sheet PTO/BB/02A attached hereto.

As a named inventor, I hereby accept the following requirements pertaining to this application and to transfer of business in the Patent and Trademark Office approved thereto: ☐ Customer Number ☐ OF ☒ Registered practitioner(s) naming address number listed below

Name	Registration Number	Name	Registration Number
Donald D. Mon	18,255		

☐ Additional mailing address and name on supplemental Registered Practitioner Information sheet PTO/BB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OF ☒ Correspondence address below

Name	Donald D. Mon		
Address	750 East Green Street, Suite 303		
City	Pasadena	State	Calif
Country	United States	Telephone	(626) 793-9173
		Fax	(626) 793-9590

I hereby declare that all statements made herein of my own knowledge are true and that all statements made by information and belief are believed to be true and further that these statements were made with the knowledge that would make statements and the list of names are punishable by law or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle if any)	Family Name or Surname
William	Calfee

Inventor's Signature	Date	
<i>William Calfee</i>	7/14/03	
Residence City	State	Country
Pacific Palisades	CA	U.S.A.
Post Office Address		
Post Office Address		
City	State	Country
Pacific Palisades	Calif.	U.S.A.

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/BB/02A attached hereto.

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Karin			Middle Initial	A.		Family Name	Calfas		Suffix	
Inventor's Signature	Karin A. Calfas							Date	7-14-03		
Residence: City	Pacific Palisades			State	CA	Country	United States		Citizenship	US	
Post Office Address		835 Toulon Drive									
Post Office Address											
City	Pacific Palisades			State	CA	Zip	90272		Country	United States	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name				Middle Initial			Family Name			Suffix	
Inventor's Signature								Date			
Residence: City				State		Country			Citizenship		
Post Office Address											
Post Office Address											
City				State		Zip			Country		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name				Middle Initial			Family Name			Suffix	
Inventor's Signature								Date			
Residence: City				State		Country			Citizenship		
Post Office Address											
Post Office Address											
City				State		Zip			Country		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name				Middle Initial			Family Name			Suffix	
Inventor's Signature								Date			
Residence: City				State		Country			Citizenship		
Post Office Address											
Post Office Address											
City				State		Zip			Country		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name				Middle Initial			Family Name			Suffix	
Inventor's Signature								Date			
Residence: City				State		Country			Citizenship		
Post Office Address											
Post Office Address											
City				State		Zip			Country		

☐ Additional inventors are being named on supplemental sheet(s) attached hereto